

Yuga Labs Inc. v. Ryan Hickman
Case No. 2:23-cv-00111-JCM-NJK

EXHIBIT 1

(A true and accurate copy of M. Hickman's birth certificate)

Recorded District

New York State Department of Health

State File Number:

CERTIFICATE OF LIVE BIRTH

Register Number



INFANT

| | | |
|---|-------------------------|--|
| 1A. Name: First Melody | Middle Ryann | Last, Hickman |
| 2A. Date of Birth: February 16, 2010 | 2B. Hour: [REDACTED] | 3. Sex: Female |
| 4A. Birth Is: [REDACTED] | | 4B. If Not Single, Birth Is: [REDACTED] |
| 5. Place of Birth: [REDACTED] | | 6A. Facility Name: (Address, if Place of Birth is Other than Hospital / Birthing Center) [REDACTED] |
| 6B. Locality of Birth: [REDACTED] | | 6C. County of Birth: [REDACTED] |

MOTHER

| | | |
|--|----------------------------------|---|
| 7A-1. Name: First [REDACTED] | Middle [REDACTED] | Current Last Name [REDACTED] |
| 7A-2. Last Name on Birth Certificate: [REDACTED] | 7B. Date of Birth: [REDACTED] | 7C. City & State of Birth: (Country, if not U.S.A.) [REDACTED] |
| 8A. Residence, State: (Country, if not U.S.A.) [REDACTED] | | 8B. County: (Terr. or Prov., if not U.S.A.) [REDACTED] |
| 8C. Locality: [REDACTED] | | 8D. Inside City/Village Limit? [REDACTED] |
| 8E. Street and Number of Residence: [REDACTED] | | Apt./Unit 2 [REDACTED] |
| 8G. Mailing Address: [REDACTED] | | 8H. Zip Code: [REDACTED] |

FATHER

| | | |
|---|----------------------------------|---|
| 9A-1. Name: First [REDACTED] | Middle [REDACTED] | Current Last Name [REDACTED] |
| 9A-2. Last Name on Birth Certificate: [REDACTED] | 9B. Date of Birth: [REDACTED] | 9C. City & State of Birth: (Country, if not U.S.A.) [REDACTED] |

ATTENDANT

| | | | |
|--|--|--|---|
| 10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief. Signature ▶ [REDACTED] | | 10B. Date Signed: Month Day Year [REDACTED] [REDACTED] [REDACTED] | |
| 10C. Name of Certifier, If Not Attendant: [REDACTED] | | Title: [REDACTED] | 10D-1. NYS License Number: (Certifier) [REDACTED] |
| 10E. Attendant's Name: [REDACTED] | | Title: [REDACTED] | 10F-1. NYS License Number: (Attendant) [REDACTED] |
| 11A. Registrar Name: [REDACTED] | | | |
| 11B. Signature of the Registrar: ▶ [REDACTED] | | 11C. Date Filed: Month Day Year [REDACTED] [REDACTED] [REDACTED] | |

*

12. Information Added or Corrected:
Item No. Date of Correction Authorization Original Information

